CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Jeff Cynamon for Miami Beach Commis	sion OFFICE USE ONLY			
` ,	Name				
(2)	300 Seventy-First Street, Suite 300 Address (number and street)	2015 2017			
	Miami Beach, Florida 33141	RECOUNTY CLI			
	City, State, Zip Code				
	☐ Check here if address has changed	(3) ID Number:			
(4)	Check appropriate box(es):	0 - 11			
	Ounded Onice Cought:	Commission Group 6			
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded			
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded			
	Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed			
	(5) Report				
Cov	er Period: From $\frac{06}{2}$ / $\frac{01}{2}$ / $\frac{2015}{2}$ To	06 / 30 / 2015 Report Type: 2015-M06			
X	Original Amendment Spe	ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
Cas	h & Checks \$, , 0 . 00	Monetary Expenditures \$, , 276 .49			
Loa	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ 0.00			
Tota	al Monetary \$, , 0.00	, , , ,			
1010	, / /	Total Monetary \$, 276 . 49			
In-K	ind \$, , 0.00_				
		(8) Other Distributions			
		\$, , <u>0</u> . <u>00</u>			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	\$, <u>6</u> , <u>300</u> . <u>00</u>	\$, <u>1</u> , <u>200</u> . <u>18</u>			
(11) Certification					
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
I certify that I have examined this report and it is true, correct, and complete:					
(1	_{ype name)} Jeff Cynamon	(Type name) Jeff Cynamon			
	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)			
Х	119	x MA			
	ignature	Signature			

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SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number			
(3) Cover Period	06 / 01 / 2015	through 06 /	2015	_ (4) Page	1(of
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1	Nothing to report on this form.					
1 1						
1 1						
1 1			- 7			
1 1						
1 1						
1 1						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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o) Cover Period	06 / 01 / 2015 through 06	/ ³⁰ / ²⁰¹⁵	4) Page	of _	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount
1	isa or 4Imprint O Commerce Street shkosh, WI 54901	Nail files.	Mon		276.49
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/ /					
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/ /					
		-			

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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		Jeff Cynamon for Miami Beach Commission (2) LD Number						
(1) (3)	Nam	e	015 through 06	(2) l.	D. Number(4) Page		of ¹	
D Seq	(5) late (6) uence mber	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) - Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type	
	1	Nothing to report on this form.						
	/							
	1							
	1							
	1							
1	1							

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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Jeff Cynamon for Miami Beach Commission (2) I.D. Number					
(3) Cover Perio	d 06 01 2015 through 06 30	2015		of 1	
(5) Date (6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) (11) Amendment Amount	
//	Noting to report on this form.				
//					
//					
/ /					
/ /					
/ /					
/ /					
//					